



COPY OF PAPERS  
ORIGINALLY FILED

PATENT  
29089/34670A #8

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	)	Title: Culturing Device and Method
	)	for Culturing Cells or Tissue
Mohr et al.	)	Components
	)	
Serial No: 09/619,144	)	
	)	Group Art Unit: 1636
Filed: July 19, 2000	)	
	)	Examiner: William O. Sandals
	)	

AMENDMENT TRANSMITTAL

Assistant Commissioner for Patents  
Washington, D.C. 20231

RECEIVED  
MAY 03 2002  
TECH CENTER 1600/2900

Sir:

Transmitted herewith is an Amendment for the above-identified application. This transmittal also includes a Petition for a one-month extension of time to respond to the action.

CERTIFICATE OF MAILING (37 CFR 1.8)

I hereby certify that this paper and the documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, postage prepaid, on April 17, 2002, in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231.

05/01/2002 SMINASS1 00000034 09619144

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Bryan J. Lempia

**1. Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☒ Small entity status has been established and is still effective.
- ☐ Has not been established.

**2. Extension of Time**

- ☐ This is a petition for an extension of time under 37 CFR 1.136 for the total number of months checked below:

EXTENSION (Months)	FEE FOR LARGE ENTITY		FEE FOR SMALL ENTITY	
One Month		\$110.00	X	\$55.00
Two Months		\$390.00		\$195.00
Three Months		\$890.00		\$445.00
Four Months		\$1,390.00		\$695.00
Fifth Month		\$1,890.00		\$945.00

**If an additional Extension of Time is required, please consider this a petition therefor.**

Extension Fee: \$55.00

**Extension Fee Due With This Request \$55.00**

**3. Fee for Claims**

The fee for additional claims [(37 CFR 1.16(b)-(d))] has been calculated as shown below:

					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest No. Previously Paid For		Present Extra	Rate	Additional Fee	Rate	Additional Fee
TOTAL	27	MINUS	31	0	X 9=	\$	X18=	\$
INDEP.	1	MINUS	2	0	X42=	\$	X84=	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claim					+140=	\$	+280=	\$
TOTAL ADDITIONAL FEE						\$	OR	\$

**4. Method of Payment of Fees**

- ☒ Attached is a check in the amount of: \$55.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \$ \_\_\_\_\_  
A copy of this Transmittal is enclosed.

**5. Deposit Account and Refund Authorization**

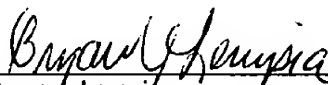
The Commissioner is hereby authorized to charge any deficiency in the amount enclosed or any additional fees which may be required during the pendency of this application under 37 CFR 1.16 or 1.17 to Deposit Account No. 13-2855. A copy of this Transmittal is enclosed.

Please refund any overpayment to Marshall, O'Toole, Gerstein, Murray & Borun at the address below.

Respectfully submitted,

MARSHALL, O'TOOLE, GERSTEIN,  
MURRAY & BORUN  
6300 Sears Tower  
233 South Wacker Drive  
Chicago, Illinois 60606-6357  
(312) 474-6300

By:

  
Bryan J. Lempi  
Reg. No: 39,746

April 17, 2002